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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10591095 | <b>Applicant(s)/Patent Under Reexamination</b><br>FRANKARD, VALERIE |
|   | <b>Examiner</b><br>Cynthia Collins         | <b>Art Unit</b><br>1638   |

| ORIGINAL           |                                   |          |       |       |       | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|-------|-------|-------|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |       |       |       | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 800                |                                   | 290      |       |       |       | C                            | 1 | 2 | N | 15 / 62 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |       |       |       | A                            | 0 | 1 | H | 5 / 00 (2006.01.01)  |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 800                | 298                               | 320      | 320.1 | 320.2 | 320.3 |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 435                | 320.1                             |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 1        | 12    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 2        | 13    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 3        |       | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 4        | 14    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 5        | 15    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 6        |       | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 7        | 16    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7  | 8        | 17    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 9        | 18    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 10       | 19    | 26       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 11       | 20    | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8  | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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|---|--|------------------------------|-------------------|
| NONE  |  | <b>Total Claims Allowed:</b> |                   |
|   |  | 20                           |                   |
| (Assistant Examiner)                                |  | (Date)                       |                   |
| /Cynthia Collins/<br>Primary Examiner Art Unit 1638 |  | 6/16/2010                    |                   |
| (Primary Examiner)                                  |  | (Date)                       |                   |
|   |  | O.G. Print Claim(s)          | O.G. Print Figure |
|   |  | 1                            | none              |